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Bib Data Sheet

CONFIRMATION NO. 6657

<b>SERIAL NUMBER</b> 09/865,950	<b>FILING OR 371(c) DATE</b> 05/25/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> PC10925A
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**APPLICANTS**

Manoussos Perros, Kent, UNITED KINGDOM;  
 David Anthony Price, Kent, UNITED KINGDOM;  
 Blanda Luzia Christa Stammen, Kent, UNITED KINGDOM;  
 Anthony Wood, Kent, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/214,587 06/27/2000  
 and claims benefit of 60/219,202 07/19/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0015835.2 06/27/2000.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 8
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

28940

**TITLE**

TROPANE DERIVATIVES USEFUL IN THERAPY

<b>FILING FEE RECEIVED</b> 1470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 6657

<b>SERIAL NUMBER</b> 09/865,950	<b>FILING DATE</b> 05/25/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> PC10925A
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**APPLICANTS**

Manoussos Perros, Kent, UNITED KINGDOM;  
David Anthony Price, Kent, UNITED KINGDOM;  
Blanda Luzia Christa Stammen, Kent, UNITED KINGDOM;  
Anthony Wood, Kent, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/214,587 06/27/2000  
AND CLAIMS BENEFIT OF 60/219,202 07/19/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0014046.7 05/26/2000  
UNITED KINGDOM 0015835.2 06/27/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/16/2001**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>gsk</i> Examiner's Signature Initials				

**ADDRESS**

Paul H. Ginsburg  
Pfizer Inc.  
235 East 42nd Street, 20th Floor  
New York, NY 10017-5755

**TITLE**

Tropane derivatives useful in therapy

<b>FILING FEE RECEIVED</b> 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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